MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-040714
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10013

FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b 56 yrs | c. CITY OR TOWN St. Louis | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp. | Inside Limits Yes ☐ No ☒ | d. STREET ADDRESS (If outside, give location) 339 Taylor | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ALBERT Middle Last SCHNURR

4. DATE OF DEATH Month Oct. Day 18 Year 1962

5. SEX Male | 6. COLOR OR RACE White | 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH unk. | 9. AGE (last birthday) ab. 56 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Retail wear | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Louis Schnurr | 13b. MOTHER'S MAIDEN NAME Pearl Rothman | 14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Anna Kaplan 6935 Roberts Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	
DUE TO (c)	420.0	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Right Mid Thigh Amputation

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ | 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/25/61 to 10/18/62 and last saw him alive on 10/18/62
Death occurred at 930/A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oscar Hendrix MD | 22b. ADDRESS 4268 Delor | 22c. DATE SIGNED 10/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. | 23b. DATE 10/19/62 | 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | 23d. LOCATION (City, town, or county) (State) University City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson | 25. DATE RECD. BY LOCAL REG. OCT 19 1962 | 26. REGISTRAR'S SIGNATURE Hoard Smith M D

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2/99		
3			
4	0		
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8	1		
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10			
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12	64-0		
13			
	64		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul J. Faulkner

Licensed Embalmer No. 4229

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.